

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/004,606	01/08/98	800	1632	000270-018

APPLICANT STEVEN L. STICE, BELCHERTOWN, MA; JOSE CIBELLI, AMHERST, MA; JAMES M. ROBL, BELCHERTOWN, MA; PAUL GOLUEKE, BELCHERTOWN, MA; D. JOSEPH JERRY, SHUTESBURY, MA.

****CONTINUING DOMESTIC DATA*******

VERIFIED

Inrs App is a CIP of 08/888,057 which is a CIP of 08/781,752

7/3/97

1/10/97

6945577

****371 (NAT'L STAGE) DATA*******

VERIFIED

****FOREIGN APPLICATIONS*******

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/09/98 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<i>dc</i>			MA	0	85	5
Examiner's Initials				Initials			

ADDRESS BIN L. TESKIN
RNS DOANE SWECKER & MATHIS
P O BOX 1404
ALEXANDRIA VA 22313-1404

CLONING USING DONOR NUCLEI FROM ~~DIFFERENTIATED FETAL AND ADULT CELLS~~

A NON-QUIESCENT SOMATIC CELL

FILING FEE RECEIVED	FEEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$1,257		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/004,606	01/08/97	800	1633	000270-018

APPLICANT STEVEN L. STICE, BELCHERTOWN, MA; JOSE CIBELLI, AMHERST, MA; JAMES M. ROBL, BELCHERTOWN, MA; PAUL GOLUEKE, BELCHERTOWN, MA; D. JOSEPH JERRY, SHUTESBURY, MA.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

FOREIGN FILING LICENSE GRANTED 03/09/98

***** SMALL ENTITY *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 85	INDEPENDENT CLAIMS 5
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS ROBIN L. TESKIN
BURNS DOANE SWECKER & MATHIS
P O BOX 1404
ALEXANDRIA VA 22313-1404

TITLE CLONING USING DONOR NUCLEI FROM DIFFERENTIATED FETAL AND ADULT CELLS

FILING FEE RECEIVED \$1,257	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCCUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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